

Iowa Pharmacy Board Marijuana Review Committee

**November 17, 2014 Prepared Remarks of Dale Woolery, Associate Director
Iowa Governor's Office of Drug Control Policy**

Thank you members of the committee for this opportunity to comment on the request before you to reclassify marijuana from its current status as a Schedule I controlled substance in Iowa.

As you know, state and federal law currently consider marijuana a Schedule I controlled substance, basically defined as having: (a) a high potential for abuse; and (b) no accepted medical use in the U.S.

I will focus my brief comments on these two criteria, and the issue of marijuana research, in the context of what we know about marijuana today.

Regarding marijuana's potential for abuse:

The National Institutes of Health, National Institute on Drug Abuse (NIDA) reported in 2012 that 9% of marijuana users become addicted to the drug. NIDA also reports marijuana can cause or worsen problems pertaining to respiration, impairment, memory, coordination, anxiety, psychosis, and even academic achievement. A NIDA review of marijuana's negative health effects appeared in the New England Journal of Medicine earlier this year. [Attachment 1]

According to the Iowa Department of Public Health, among all Iowans in publicly funded substance abuse treatment, marijuana trails only alcohol as the drug of choice, accounting for 25.6% of the treatment population in Iowa. And, nearly two-thirds (66.3%) of juveniles in treatment say marijuana is their primary drug of abuse.

More Iowans are requiring emergency hospital care due to marijuana-related incidents. The Iowa Department of Public Health reports 949 marijuana-related emergency department visits last year, more than double the number it reported just 7 years ago.

The Iowa Departments of Public Safety and Transportation report 24 marijuana-related traffic fatalities in 2013, or about 7.6% of all deadly traffic crashes last year.

One of the most important, but often overlooked, facts about today's marijuana is its increasing potency. Tetrahydrocannabinol, or THC, is the main psychoactive ingredient in marijuana. According to the University of Mississippi's National Center for Natural Products Research in the University's School of Pharmacy, contracted by NIDA to monitor marijuana in the U.S., the average marijuana THC concentration in this country has steadily risen more than 3-fold over the last 20 years, from an average of 3.75% in 1995 to 12.5% earlier this year.

Newer forms of even more potent marijuana have begun appearing on the scene. In addition to plants bred to contain higher levels of THC, we now also hear about the increasing use of hash oils, marijuana wax and marijuana-infused food items. These newer products are high-octane marijuana with THC levels sometimes exceeding 70%. And, these products are being found in Iowa. Very recently, I was told of two instances in which marijuana wax was found in eastern Iowa, one at a high school and the other at the scene of a fatal traffic crash.

Marijuana's abuse potential is not only high, but it's going even higher and becoming more multi-dimensional in the challenges it presents to us as a society.

Regarding the potential medical uses of marijuana:

The U.S. Food and Drug Administration (FDA) has not approved the use of marijuana as medicine, saying "there is currently sound evidence that smoked marijuana is harmful." Similarly, many national health organizations—including the American Medical Association, American Cancer Society, American Psychiatric Association, Multiple Sclerosis Society and National Institutes of Health—do not support smoked marijuana.

The public discussion that continues in our nation over marijuana is unsettled, to say the least. Mixed in with those sincerely talking about potential medical benefits are others who seemingly are more motivated by money, personal choice, addiction or other reasons.

The Office of Drug Control Policy is concerned with the health and safety of all Iowans. As such, our office supports the development of safe, tested and effective research-driven cannabis-based medicines for use by health care professionals to treat patients with valid medical needs, without compromising the health and public safety of Iowans.

By cannabis-based medicines, I mean non-smokeable, evidence-based and quality-controlled cannabis plant *derivatives* with reduced abuse potential that meet rigorous FDA standards to be deemed safe and effective for treating qualified patients when dosed and dispensed by health care professionals.

Our office does not support other forms of unrefined or broad-based marijuana use, for which research consensus on medical efficacy or quality controls are lacking, and for which public health or safety may be compromised. This includes what is often generally referred to as "medical" marijuana, fitting this broad description.

The cannabidiol oil, or CBD, law passed in Iowa this year to treat patients who have intractable epilepsy with a cannabis oil that is high in CBD and low in THC is an example of how a cannabis-based *derivative* may help those in need, while not getting users high or hurting others. It's my understanding Iowa is one of 11 states enacting a CBD-only law this year, and that a possible allowance for CBD is at least being discussed at the federal level by some in Congress.

Other examples of cannabis-based medicines include Marinol and Cesamet, FDA-approved medications already available by prescription to patients. Sativex, a mouth spray, has almost completed clinical trials and awaits FDA approval. And FDA-authorized clinical trials on Epidiolex, a CBD oil product, are about to begin in a few months, including at the University of Iowa Hospitals and Clinics in Iowa City.

As with the development of other medicines to treat a range of health conditions, cannabis research may not happen as quickly as we would like, but progress is being made. New patient products are in the research pipeline that may lead to market, and I'm optimistic the current national dialogue over marijuana will serve to accelerate even more research.

Regarding marijuana research:

The Office of Drug Control Policy joins with many others in supporting vigorous research into the clinical properties of cannabis and its individual components.

According to the U.S. Drug Enforcement Administration (DEA), more than 200 researchers are currently registered with the DEA to conduct research with marijuana and/or its isolated components, including 3 researchers in the State of Iowa.

The National Institute on Drug Abuse says 28 research projects receiving federal grants are actively studying possible therapeutic uses of marijuana, including potential medical benefits of individual cannabinoid chemicals derived from the cannabis plant. [Attachment 2]

Additionally, NIDA reports 16 independently funded studies into the possible medical benefits of cannabis and/or its isolated components. These projects received federal approval to study marijuana from the University of Mississippi's Marijuana Project. [Attachment 3]

And, on two of the potential cannabis-based medical products I mentioned earlier as being in the research pipeline—one near the end and the other at the beginning—GW Pharmaceuticals says clinical trials of its Sativex product involved about 60 research sites in the U.S., and the upcoming Epidiolex trials may involve up to 50 U.S. research sites, including at least one here in Iowa. In addition to providing important research, these trials provide a monitored form of early product access for understandably anxious participants.

Some say reclassifying marijuana as something other than a Schedule I controlled substance is required to facilitate research. I believe the facts demonstrate otherwise. A Schedule I drug may require additional approvals from the DEA and FDA to ensure high levels of accountability and protection, but I believe that's a good thing.

In summary:

Marijuana currently has a high potential for abuse. That's especially true of the higher-THC marijuana developed over the last several years, and even more-so in light of the fast-emerging new marijuana products that are pushing drug potency levels even higher.

At best, it seems there is no current scientific consensus on potential medical uses for unrefined marijuana in the U.S. The FDA and several national health organizations say no to smoking marijuana as medicine, though some refined cannabis *derivatives* are getting a closer clinical look because of their possible therapeutic value.

Research of marijuana as a Schedule I controlled substance, particularly some of its components with medical potential, is ongoing in the U.S.

Also, down-scheduling a whole drug-type whose potency and abuse potential is rising would send a dangerous message, particularly to young Iowans that this addictive drug is somehow relatively safe. Even if unintentional, that could lead to more teen marijuana use and even greater public health and safety challenges in Iowa.

Finally, and importantly, marijuana remains a Schedule I controlled substance under federal law.

For all of these reasons, the Office of Drug Control Policy respectfully requests you recommend marijuana remain a Schedule I controlled substance in Iowa.

This concludes my prepared remarks. I'm happy to try and answer any questions you may have, and I also want to offer the Office of Drug Control Policy as a resource moving forward.

Thank you again to the members of this committee and the Iowa Pharmacy Board and its staff for allowing me to share information with you today.

Respectfully Submitted by
Dale R. Woolery, Associate Director
Iowa Governor's Office of Drug Control Policy
November 17, 2014

Attachments:

1. NIH News Release, "NIDA Review Summarizes Research on Marijuana's Negative Health Effects," June 4, 2014.
2. NIH/NIDA, "NIDA Research on the Therapeutic Benefits of Cannabis and Cannabinoids," Revised Online March 2014.
3. NIH/NIDA, "Independently Funded Studies Receiving Research Grade Marijuana, 1999 to Present," Revised Online June 2014.